



STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

PHIL BREDESEN
GOVERNOR

VIRGINIA T. LODGE
COMMISSIONER

WITHDRAWAL OF COMPLAINT OR APPEAL FOR FAIR HEARING

DATE: _____

TO: DEPARTMENT OF HUMAN SERVICES
Title VI Coordinator
400 Deaderick Street, 15th Floor
Nashville Tennessee 37248

I, _____, hereby withdraw my ()* complaint or ()* appeal **

filed on _____ against _____
Date Name

located at _____

Complainant's Name: _____
Complainant's Address: _____

Reason for Withdrawal: _____

* Check appropriate term, Complaint or Appeal
** Appeal from finding

Signed: _____

Received by: _____ on _____
Name Date